

California Department of Education
Child Development Division
Desired Results Developmental Profile—REVISED (DRDP-R)
Information Page
School Age Instrument
(Kindergarten through Age 12)

Child Information

1. Child's first name and last name:

2. Child's birth date (mm/dd/yyyy): _____
3. Child's gender: ☐ M ☐ F
4. Child was first enrolled in the program on
(mm/dd/yyyy): _____
5. Child's ethnicity (check all that apply):

<input type="checkbox"/> African American or Black	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian American	<input type="checkbox"/> Native American or Alaskan Native
<input type="checkbox"/> Caucasian or White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Other (specify): _____	
6. Does this child have an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP)?
☐ Yes ☐ No ☐ Don't know
7. How many hours per week is this child in your care?

<input type="checkbox"/> 9 or less	<input type="checkbox"/> 31 to 40
<input type="checkbox"/> 10 to 20	<input type="checkbox"/> More than 40
<input type="checkbox"/> 21 to 30	

Observer Information

8. Agency name: _____
 9. Your name: _____
 10. Your title: _____
 11. Did another adult assist you with evaluating this child?
☐ Yes (role/relation): _____
☐ No
 12. Dates DRDPs were completed 1. (mm/dd/yyyy): _____
2. (mm/dd/yyyy): _____ 3. (mm/dd/yyyy): _____
- For the following questions, check all that apply:
- | | English | Spanish | Other (specify): |
|--|--------------------------|--------------------------|------------------|
| 13. Child's home language(s)? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 14. What language(s) do you speak with this child? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
15. If you do not speak the child's home language, did anyone assist you who does speak it?
☐ Yes (role/relation): _____
☐ No
☐ Not applicable – I speak the child's home language